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€ Please check here to be a e-newsletter from Congress		_			
Date of Birth:	Social Security #:		Agency File	#:	
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Action Requested (use a	dditional information as nece	essary):			
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to authorize access, an i from your file to anyone individual in the space p the agency specified abo	vacy Act requires that you a nquiry on your behalf will no other than yourself (e.g. spo provided below. Be advised to this form is valid for on TTHOUT YOUR SIGNA	ot be done. Also, if y buse, guardian), plea hat information you p e (1) year from date	ou would like for se authorize thit provide to this of of signature. Y	or us to give info s by identifying to office will be for OUR CASE C	ormation that warded to ANNOT
	n: om Congressman Jeff Miller on ou may be prohibited from disse				tained by
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